

Away-International Electives Scheduling Form

This entire form must be completed and submitted four **(4) weeks prior to start date** to receive appropriate credit. This is to ensure the distribution of student assessment forms, clinical compliance audits, and hospital site assignments are processed in a timely manner. Incomplete forms will delay processing. A **maximum of eight (8) weeks of credit** may be earned for a single international elective. For additional information, please see the Global Health Research Collaborate website for details: <http://globalhealth.uic.edu>.

Information for supporting documents - Refer to the elective descriptions in the UIC COM Clinical Experiences Catalog as a guide: <http://chicago.medicine.uic.edu/ugme>. Make sure to submit the following items:

1. A complete description of the purpose and objectives of the elective
2. A description of the elective with details on projected outcomes and activities
3. A description of the mechanism for assessment during this elective

Please note:

- **40 clinical hours is the equivalent of one week of elective credit.**
- **Students cannot receive a stipend during their elective rotation.**

I. Complete the information below and save a copy of the form:

Student's Name: _____ UIN# _____

Cell Phone#: _____ Email: _____ Graduation Class: _____

II. I would like to (check appropriate box):

Add an elective

Drop an elective

Change dates of an elective

International Elective Title: _____

International Supervising Faculty Member: _____

Email Address: _____ Phone Number: _____

Clinical Site: _____ City: _____

Country: _____

Start Date: ___/___/___ End Date: ___/___/___ Total Weeks Credit: _____ Hours per Week: _____

***Is an Agreement for Student Placement in a Practice Setting required?** Yes _____ No _____
(Please allow up to 3 months to process. The site coordinator/director should contact Ara Tekian at tekian@uic.edu.)

Supervising Faculty Member's Signature Approval: _____

(Signature is not required if you are submitting an email approval or admit letter).

Attach the supporting documents to your email message before sending to medsched@listserv.uic.edu.

Office use only:

Associate Dean Signature: _____

IMPORTANT INFORMATION for STUDENTS: All registrations are processed using the UIC Web for Student / Student Self-Service up until the 10th day of the Fall and Spring semesters and the 5th day of the Summer semester. After that, students are required to complete the necessary paperwork to register or make changes with the COM Registrar's Office (105C CMW).